

Older Adult Survey

Southern Region Summary Report
for the
November 2003 Data Collection Period

OLDER ADULT PERFORMANCE OUTCOMES



**Broad-Based Evaluation
Consumer Perception Survey**

AUGUST 2004

Prepared by:
Performance Outcomes and Quality
Improvement Unit
California Department of Mental Health (DMH)
Systems of Care
1600 9th Street
Sacramento CA 95814

Purpose of this report

The purpose of this report is to provide performance outcomes data on consumer satisfaction (using items from the 28-item Mental Health Statistics Improvement Program Consumer Perception Survey (MHSIP)) and quality of life (QOL), as measured by the California State Department of Mental Health's Older Adult Survey. This report is a REGIONAL summary of the Older Adult Survey (see Attachment A) data that were collected during the November 3-17, 2003 survey period. To assist with the interpretation of this summary report, brief narratives are provided before each table presented. County reports that are similar to this REGIONAL report can be downloaded from each county's Information Technology Web Services (ITWS) folder, which can be accessed by authorized ITWS users at <https://mhitws.cahwnet.gov/>.

Consumer Demographic & Descriptive Items

Summary Report

The following tables highlight the Older Adult Survey demographic items, as well as several additional descriptive items, that were reported by consumers who received services during the November 3-17, 2003, survey period and reflect aggregated REGIONAL data. Results of these Older Adult Survey consumer-completed items are highlighted in yellow (missing data are highlighted in green), and exclude surveys that had all items missing on either the MHSIP portion of the Older Adult Survey, the QOL portion, or both. **Out of 836 Southern Region Adult Surveys, a total of 669 had valid data.**

TOTAL NUMBER OF SURVEYS SUBMITTED (SOUTHERN REGION)

A total of 836 Older Adult Surveys were submitted for the Southern Region.

REGION

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Southern California	836	100.0	100.0	100.0

GENDER

For the consumers who responded to the question – “What is your gender?” – 67.7% identified themselves as Female, 32.3% as Male and 0.0% as Other. Additionally, 15.2% of the consumers did not respond to this item.

What is your gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	384	57.4	67.7	67.7
	Male	183	27.4	32.3	100.0
	Total	567	84.8	100.0	
Missing	9	102	15.2		
Total		669	100.0		

AGE CATEGORY

For the consumers who responded to the question – “What is your date of birth?” – 47.1% were under age 60, 43.7% were 60-69, 7.6% were 70-79, 1.2% were 80-89, 0.0% were 90-99 and 0.4% were age 100 or older. Additionally, 25.1% of the consumers did not respond to this item.

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 60	236	35.3	47.1	47.1
	60-69	219	32.7	43.7	90.8
	70-79	38	5.7	7.6	98.4
	80-89	6	.9	1.2	99.6
	100+	2	.3	.4	100.0
	Total	501	74.9	100.0	
Missing	System	168	25.1		
Total		669	100.0		

SERVICE LENGTH

For the consumers who responded to the question – “How long have you received services here?” – 1.7% reported that it was their first visit; 2.8% reported that they had had more than one visit, but that they had received services for less than one month; 5.3% reported having received services for 1-2 months; 8.5% reported having received services for 3-5 months; 14.3% reported receiving services for 6 months to 1 year and 67.4% reported receiving services for more than one year. Additionally, 29.7% of the consumers did not respond to this item.

How long have you received services here?

		Frequency	Percent	Valid Percent	Cumulative Percent
	This is my first visit here	8	1.2	1.7	1.7
	> 1 visit, but < one month	13	1.9	2.8	4.5
	1 to 2 months	25	3.7	5.3	9.8
	3 to 5 months	40	6.0	8.5	18.3
	6 months to 1 year	67	10.0	14.3	32.6
	More than 1 year	317	47.4	67.4	100.0
Total		470	70.3	100.0	
Missing	9	199	29.7		
Total		669	100.0		

MEXICAN / HISPANIC / LATINO ORIGIN

On the Older Adult Survey, 34.7% of the consumers identified themselves as being “of Mexican / Hispanic / Latino Origin.”

Are you of Mexican / Hispanic / Latino origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	333	49.8	65.3	65.3
	Yes	177	26.5	34.7	100.0
	Total	510	76.2	100.0	
Missing	Unknown	159	23.8		
Total		669	100.0		

ETHNICITY

Consumers were permitted to identify as many ethnic categories as they felt were applicable; therefore, each ethnic category is reported individually and, due to potential overlap, the numbers will not collectively add up to 100%. Each ethnic category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the Older Adult Survey and “no” if the consumer did not mark the bubble. As such, there are no missing values for this item.

On the Older Adult Survey, 50.7% of the consumers identified themselves as being “White / Caucasian.”

Is your race White / Caucasian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	330	49.3	49.3	49.3
	Yes	339	50.7	50.7	100.0
	Total	669	100.0	100.0	

On the Older Adult Survey, 8.4% of the consumers identified themselves as being “Black / African American.”

Is your race Black / African American?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	613	91.6	91.6	91.6
	Yes	56	8.4	8.4	100.0
	Total	669	100.0	100.0	

On the Older Adult Survey, 3.1% of the consumers identified themselves as being “Asian.”

Is your race Asian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	648	96.9	96.9	96.9
	Yes	21	3.1	3.1	100.0
	Total	669	100.0	100.0	

On the Older Adult Survey, 5.8% of the consumers identified themselves as being “American Indian / Alaskan Native.”

Is your race American Indian / Alaskan Native?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	630	94.2	94.2	94.2
	Yes	39	5.8	5.8	100.0
	Total	669	100.0	100.0	

On the Older Adult Survey, 0.9% of the consumers identified themselves as being “Hawaiian / Other Pacific Islander.”

Is your race Native Hawaiian / Other Pacific Islander?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	663	99.1	99.1	99.1
	Yes	6	.9	.9	100.0
	Total	669	100.0	100.0	

On the Older Adult Survey, 10.3% of the consumers identified themselves as being “Other.”

Is your race Other?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	600	89.7	89.7	89.7
	Yes	69	10.3	10.3	100.0
	Total	669	100.0	100.0	

On the Older Adult Survey, 1.5% of the consumers identified themselves as being “Unknown.”

Is your race Unknown?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	659	98.5	98.5	98.5
	Yes	10	1.5	1.5	100.0
	Total	669	100.0	100.0	

LANGUAGE OF SURVEY

On the Older Adult Survey, 80.7% of the consumers responded using the English version of the Older Adult Survey and 19.3% used the Spanish version. *Note: The Older Adult Survey was only available in English and Spanish for the November 3-17, 2003, survey period.*

Language of instrument

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	540	80.7	80.7	80.7
	Spanish	129	19.3	19.3	100.0
	Total	669	100.0	100.0	

PREFERRED LANGUAGE

On the Older Adult Survey, 96.9% of the consumers responded that the services they received were provided in the language they preferred and 95.1% responded that written information was available in their preferred language. Additionally, 19.3% and 20.9% of the consumers did not respond to these items, respectively.

Were the services you received provided in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	17	2.5	3.1	3.1
	Yes	523	78.2	96.9	100.0
	Total	540	80.7	100.0	
Missing	Unknown	129	19.3		
Total		669	100.0		

Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	26	3.9	4.9	4.9
	Yes	503	75.2	95.1	100.0
	Total	529	79.1	100.0	
Missing	Unknown	140	20.9		
Total		669	100.0		

PRIMARY REASON INVOLVED WITH PROGRAM

For the consumers who responded to the question – “What was the primary reason you became involved with this program?” – 36.7% reported that they decided to come in on their own, 60.9% reported that someone else recommended that they come in and 2.5% reported that they came in against their will. Additionally, 20.9% of the consumers did not respond to this item.

What was the primary reason you became involved with this program?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I decided to come in on my own	194	29.0	36.7	36.7
	Someone else recommended that I come in.	322	48.1	60.9	97.5
	I came in against my will.	13	1.9	2.5	100.0
	Total	529	79.1	100.0	
Missing	9	140	20.9		
Total		669	100.0		

ASSISTANCE COMPLETING SURVEY

Consumers were permitted to identify all of the individuals who assisted them in completing the Older Adult Survey; therefore, more than one person may have provided assistance and, due to potential overlap, the numbers will not collectively add up to 100%. Each category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the Older Adult Survey and “no” if the consumer did not mark the bubble. As such, there are no missing values for this item.

For the November 2003 survey period, 53.1% of the consumers responded that they did not need any help in completing the Older Adult Survey.

I did not need any help.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	314	46.9	46.9	46.9
	Yes	355	53.1	53.1	100.0
	Total	669	100.0	100.0	

For the November 2003 survey period, 6.3% of the consumers responded that a mental health advocate / volunteer helped them complete the Older Adult Survey.

A mental health advocate / volunteer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	627	93.7	93.7	93.7
	Yes	42	6.3	6.3	100.0
	Total	669	100.0	100.0	

For the November 2003 survey period, 1.9% of the consumers responded that another mental health consumer helped them complete the Older Adult Survey.

Another mental health consumer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	656	98.1	98.1	98.1
	Yes	13	1.9	1.9	100.0
	Total	669	100.0	100.0	

For the November 2003 survey period, 5.5% of the consumers responded that a member of their family helped them complete the Older Adult Survey.

A member of my family helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	632	94.5	94.5	94.5
	Yes	37	5.5	5.5	100.0
	Total	669	100.0	100.0	

For the November 2003 survey period, 3.0% of the consumers responded that a professional interviewer helped them complete the Older Adult Survey.

A professional interviewer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	649	97.0	97.0	97.0
	Yes	20	3.0	3.0	100.0
	Total	669	100.0	100.0	

For the November 2003 survey period, 12.1% of the consumers responded that a clinician / case manager helped them complete the Older Adult Survey.

My clinician / case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	588	87.9	87.9	87.9
	Yes	81	12.1	12.1	100.0
	Total	669	100.0	100.0	

For the November 2003 survey period, 7.3% of the consumers responded that a staff member other than their clinician or case manager helped them complete the Older Adult Survey.

A staff member other than my clinician or case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	620	92.7	92.7	92.7
	Yes	49	7.3	7.3	100.0
	Total	669	100.0	100.0	

For the November 2003 survey period, 2.8% of the consumers responded that someone else helped them complete the Older Adult Survey.

Someone else helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	650	97.2	97.2	97.2
	Yes	19	2.8	2.8	100.0
	Total	669	100.0	100.0	

REASON WHY SURVEY NOT COMPLETED (*if applicable*)

County staff were expected to complete a “Reason” item if a consumer who met the criteria for the target population did not complete an Older Adult Survey. Of those consumers who were expected to complete an Older Adult Survey, but did not, 35.3% of the consumers were reported to have Refused to complete the survey, 12.8% were reported to have an Impairment, 40.4% did not have a survey available in their Language and 11.5% were marked as having an “Other” reason for not completing the survey. Additionally, 6.6% of the Older Adult Surveys were missing a “Reason” response.

If the instrument is not completed, the PRIMARY reason must be indicated.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	55	32.9	35.3	35.3
	Impairment	20	12.0	12.8	48.1
	Language	63	37.7	40.4	88.5
	Other	18	10.8	11.5	100.0
	Total	156	93.4	100.0	
Missing		11	6.6		
Total		167	100.0		

MHSIP Consumer Survey

Summary Report

About the MHSIP Consumer Survey

The MHSIP is a 28-item consumer-completed survey designed to obtain participant perceptions of 1) access to services, 2) quality and appropriateness of services received, 3) consumer participation in treatment planning, 4) service outcomes and 5) general satisfaction. The MHSIP was developed through the collaborative efforts of the federally funded Mental Health Statistics Improvement Program (www.mhsip.org), and included the direct assistance and feedback of consumers and their families, as well as advocates for mental health services. The MHSIP Consumer Survey is currently used in a number of states across the United States.

It is important to remember that the ratings on the MHSIP represent a participant's perceptions. Some data exist to suggest that satisfaction with services, in and of itself, does not necessarily correlate with outcomes. However, the MHSIP provides a good source of information to ensure that consumers have the opportunity to shape and improve their services.

The following tables present REGIONAL data that were collected and aggregated from the MHSIP portion of the November 2003 Older Adult Survey. The MHSIP items are rated on a five-point scale, with "5" indicating the greatest satisfaction.

The items that comprise each of the MHSIP subscales (i.e., access to services, quality and appropriateness of services received, consumer participation in treatment planning, service outcomes and general satisfaction) were averaged and then grouped into the following categories: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied' and 4.5001 - 5 = 'Very Satisfied'. As a general guideline, an overall scale score over 3.5 indicates that consumers were satisfied.

Additionally, the average scores for each of the MHSIP subscales are also reported below.

For the tables reflecting categorical groupings of the MHSIP averages and the MHSIP subscale averages, total frequencies may differ depending on how well consumers completed the items on the Older Adult Survey that comprised each scale's calculation. Averages were only calculated for those Older Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have data missing). The results are highlighted in yellow (incomplete and/or missing data are highlighted in green).

PERCEPTION OF ACCESS TO SERVICES

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Access to Services” subscale, 43.1% reported that they were Very Satisfied, 47.6% reported they were Satisfied, 7.9% were Neutral, 1.4% were Somewhat Dissatisfied and 0.0% were Dissatisfied. Additionally, 3.9% of the data on this subscale had at least 1/3 of the items missing.

Perception of Access to Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Dissatisfied	9	1.3	1.4	1.4
	Neutral	51	7.6	7.9	9.3
	Satisfied	306	45.7	47.6	56.9
	Very Satisfied	277	41.4	43.1	100.0
	Total	643	96.1	100.0	
Missing	System	26	3.9		
Total		669	100.0		

PERCEPTION OF QUALITY & APPROPRIATENESS

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Quality and Appropriateness” subscale, 41.5% reported that they were Very Satisfied, 47.4% reported they were Satisfied, 10.1% were Neutral, 0.8% were Somewhat Dissatisfied and 0.2% were Dissatisfied. Additionally, 9.9% of the data on this subscale had at least 1/3 of the items missing.

Perception of Quality & Appropriateness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	1	.1	.2	.2
	Somewhat Dissatisfied	5	.7	.8	1.0
	Neutral	61	9.1	10.1	11.1
	Satisfied	286	42.8	47.4	58.5
	Very Satisfied	250	37.4	41.5	100.0
	Total	603	90.1	100.0	
Missing	System	66	9.9		
Total		669	100.0		

PERCEPTION OF PARTICIPATION IN TREATMENT PLANNING

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Participation in Treatment Planning” subscale, 34.2% reported that they were Very Satisfied, 46.6% reported they were Satisfied, 17.4% were Neutral, 0.8% were Somewhat Dissatisfied and 0.8% were Dissatisfied. Additionally, 10.9% of the data on this subscale had at least 1/3 of the items missing.

Perception of Participation in Treatment Planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	5	.7	.8	.8
	Somewhat Dissatisfied	5	.7	.8	1.7
	Neutral	104	15.5	17.4	19.1
	Satisfied	278	41.6	46.6	65.8
	Very Satisfied	204	30.5	34.2	100.0
	Total	596	89.1	100.0	
Missing	System	73	10.9		
Total		669	100.0		

OUTCOMES

For the consumers who completed at least 2/3 of the items that comprise the “Outcomes” subscale, 29.5% reported that they were Very Satisfied, 43.9% reported they were Satisfied, 23.2% were Neutral, 2.9% were Somewhat Dissatisfied and 0.5% were Dissatisfied. Additionally, 11.8% of the data on this subscale had at least 1/3 of the items missing.

Outcomes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	3	.4	.5	.5
	Somewhat Dissatisfied	17	2.5	2.9	3.4
	Neutral	137	20.5	23.2	26.6
	Satisfied	259	38.7	43.9	70.5
	Very Satisfied	174	26.0	29.5	100.0
	Total	590	88.2	100.0	
Missing	System	79	11.8		
Total		669	100.0		

GENERAL SATISFACTION

For the consumers who completed at least 2/3 of the items that comprise the “General Satisfaction” subscale, 55.5% reported that they were Very Satisfied, 37.9% reported they were Satisfied, 5.7% were Neutral, 0.6% were Somewhat Dissatisfied and 0.3% were Dissatisfied. Additionally, 3.0% of the data on this subscale had at least 1/3 of the items missing.

General Satisfaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	2	.3	.3	.3
	Somewhat Dissatisfied	4	.6	.6	.9
	Neutral	37	5.5	5.7	6.6
	Satisfied	246	36.8	37.9	44.5
	Very Satisfied	360	53.8	55.5	100.0
	Total	649	97.0	100.0	
Missing	System	20	3.0		
Total		669	100.0		

AVERAGE MHSIP SUBSCALE SCORES

Average scores were calculated for the consumers who completed at least 2/3 of the items that comprise each of the subscales. Respondents indicated that, overall, they were “Satisfied” with their Access to Services (indicated by a subscale score of 4.33, 643 responses), the Quality & Appropriateness of their treatment (indicated by a subscale score of 4.28, 603 responses), their Participation in Treatment Planning (indicated by a subscale score of 4.27, 596 responses), their Outcomes (indicated by a subscale score of 3.98, 590 responses) and were Generally Satisfied with their services (indicated by a subscale score of 4.48, 643 responses).

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	643	1.83	5.00	4.33	.63
Average: Perception of Quality & Appropriateness	603	1.00	5.00	4.28	.64
Average: Perception of Participation in Treatment Planning	596	1.00	5.00	4.27	.69
Average: Outcomes	590	1.00	5.00	3.98	.78
Average: General Satisfaction	643	1.00	5.00	4.48	.62
Valid N (listwise)	603				

Quality of Life (QOL)

Summary Report

About the QOL

The QOL is designed to measure quality of life from a consumer's self-reported perspective. The subscales measured include: general life satisfaction, living situation, daily activities and functioning, family and social relationships, finances, legal and safety, and health.

It is important to remember that the ratings on the QOL represent a consumer's perceptions. A variety of factors can affect a consumer's quality of life and many of these are out of the control of service providers. However, in our efforts to continually improve services, the QOL can be used as a source of information on issues that are important to consumers.

The following tables present REGIONAL data that were collected and aggregated from the QOL portion of the November 2003 Older Adult Survey. Most of the QOL items are rated on a seven-point scale, with "7" indicating the greatest satisfaction regarding their quality of life. Some of the results reflect the frequency reported for particular QOL items while others reflect averages of the items that comprise each of the QOL subscales (i.e., general life satisfaction, living situation, daily activities and functioning, family and social relationships, finances, legal and safety, and health). Using the seven-point response options as a guide, the QOL subscale results can be interpreted using the following: 1.0 – 3.9 = 'Dissatisfied', 4.0 - 4.9 = 'Mixed' and 5.0 – 7.0 = 'Satisfied'. As a general guideline, an overall scale score over 5.0 indicates that consumers were satisfied. For the tables reflecting the QOL subscale averages, total frequencies may differ depending on how well consumers completed the items on the Older Adult Survey that comprised each scale's calculation. Averages were only calculated for those Older Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have data missing).

All QOL results are highlighted in yellow (incomplete and/or missing data are highlighted in green).

GENERAL LIFE SATISFACTION

For the consumers who responded to the question – "How do you feel about your life in general?" – 6.4% were Delighted, 15.1% were Pleased, 23.2% were Mostly Satisfied, 33.6% were Mixed, 8.2% were Mostly Dissatisfied, 9.9% were Unhappy and 3.1% were Terrible. Additionally, 11.1% of the consumers did not respond to this item.

QOL_1. How do you feel about your life in general?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Terrible	21	3.1	3.5	3.5
	Unhappy	59	8.8	9.9	13.4
	Mostly Dissatisfied	49	7.3	8.2	21.7
	Mixed	200	29.9	33.6	55.3
	Mostly Satisfied	138	20.6	23.2	78.5
	Pleased	90	13.5	15.1	93.6
	Delighted	38	5.7	6.4	100.0
	Total	595	88.9	100.0	
Missing	9	74	11.1		
Total		669	100.0		

LIVING SITUATION

For the consumers who completed at least 2/3 of the items that comprise the “Living Situation” subscale, an average score of 4.71 (600 responses) was calculated, indicating “Mixed” feelings regarding living situation.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Living Situation	600	1.00	7.00	4.71	1.46
Valid N (listwise)	600				

DAILY ACTIVITIES & FUNCTIONING

For the consumers who completed at least 2/3 of the items that comprise the “Daily Activities & Functioning” subscale, an average score of 4.52 (583 responses) was calculated, indicating “Mixed” feelings regarding daily activities & functioning.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Daily Activities & Functioning	583	1.00	7.00	4.52	1.23
Valid N (listwise)	583				

FAMILY RELATIONS

For the consumers who completed at least 2/3 of the items that comprise the “Family Relations” subscale, an average score of 4.61 (533 responses) was calculated, indicating “Mixed” feelings regarding family relations.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Family Relations	533	1.00	7.00	4.61	1.60
Valid N (listwise)	533				

SOCIAL RELATIONS

For the consumers who completed at least 2/3 of the items that comprise the “Social Relations” subscale, an average score of 4.68 (562 responses) was calculated, indicating “Mixed” feelings regarding social relations.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Social Relations	562	1.00	7.00	4.68	1.23
Valid N (listwise)	562				

LEGAL & SAFETY

For the November 2003 survey period, 95.8% of the consumers reported that they were NOT a victim of any violent crimes in the month prior to completing the Older Adult Survey. Additionally, 11.5% of the consumers did not respond to this item.

QOL_9A. In the past month, were you the victim of any violent crimes such as assault, rape, mugging or robbery?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	567	84.8	95.8	95.8
	Yes	25	3.7	4.2	100.0
	Total	592	88.5	100.0	
Missing	9	77	11.5		
Total		669	100.0		

For the November 2003 survey period, 89.3% of the consumers reported that they were NOT a victim of any non-violent crimes in the month prior to completing the Older Adult Survey. Additionally, 13.3% of the consumers did not respond to this item.

QOL_9B. In the past month, were you the victim of any non-violent crimes such as burglary, theft of your property or money, or being cheated?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	518	77.4	89.3	89.3
	Yes	62	9.3	10.7	100.0
	Total	580	86.7	100.0	
Missing	9	89	13.3		
Total		669	100.0		

For the November 2003 survey period, 98.5% of the consumers reported that they had NOT been arrested for any crimes in the month prior to completing the Older Adult Survey. Additionally, 20.2% of the consumers did not respond to this item.

QOL_10. In the past month, how many times have you been arrested for any crimes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No arrests	526	78.6	98.5	98.5
	1 arrest	7	1.0	1.3	99.8
	4 or more arrests	1	.1	.2	100.0
	Total	534	79.8	100.0	
Missing	9	135	20.2		
Total		669	100.0		

Average Quality of Life Indicator: Legal & Safety

For the consumers who completed at least 2/3 of the items that comprise the “Legal & Safety” subscale, an average score of 4.66 (591 responses) was calculated, indicating “Mixed” feelings regarding legal & safety issues.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Legal & Safety	591	1.00	7.00	4.66	1.35
Valid N (listwise)	591				

HEALTH

For the consumers who responded completed the question – “In general, would you say your health is” – the following results were calculated for each age category: 6.9% were Excellent, 11.1% were Very Good, 28.2% were Good, 39.3% were Fair and 14.4% were Poor. Additionally, 28.6% of the consumers did not respond to this item.

QOL_9. In general, would you say your health is ____?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	33	4.9	6.9	6.9
	Very Good	53	7.9	11.1	18.0
	Good	135	20.2	28.2	46.2
	Fair	188	28.1	39.3	85.6
	Poor	69	10.3	14.4	100.0
	Total	478	71.4	100.0	
Missing	9	191	28.6		
Total		669	100.0		

For the consumers who completed at least 2/3 of the items that comprise the “Health” subscale, an average score of 4.07 (592 responses) was calculated, indicating “Mixed” feelings regarding health status.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Health	592	1.00	7.00	4.07	1.32
Valid N (listwise)	592				

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely. EXAMPLE: Correct ● Incorrect ✕ ✓

Approximately, how long have you received services here?

- This is my first visit here. ○ 1 - 2 Months ○ More than 1 year
○ I have had more than one visit but I have received services for less than one month. ○ 3 - 5 Months ○ 6 months to 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.



	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a direct result of the services I received:

21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and /or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.						

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Living Situation

2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The privacy you have there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The prospect of staying on where you currently live for a long period of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Daily Activities & Functioning

3. Think about how you spend your spare time.

How do you feel about:

A. The way you spend your spare time?

B. The chance you have to enjoy pleasant or beautiful things?

C. The amount of fun you have?

D. The amount of relaxation in your life?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family

4. How do you feel about:

A. The way you and your family act toward each other?

B. The way things are in general between you and your family?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted Not Applicable

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social Relations

5. How do you feel about:

A. The things you do with other people?

B. The amount of time you spend with other people?

C. The people you see socially?

D. The amount of friendship in your life?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted Not Applicable

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Legal & Safety

6. In the past MONTH, were you a victim of:

A. Any violent crimes such as assault, rape, mugging or robbery?

B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?

No Yes

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

7. In the past MONTH, how many times have you been arrested for any crimes?

☐ No arrests ☐ 1 arrest ☐ 2 arrests ☐ 3 arrests ☐ 4 or more arrests

8. How do you feel about:

A. How safe you are on the streets in your neighborhood?

B. How safe you are where you live?

C. The protection you have against being robbed or attacked?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health

9. In general, would you say your health is:

☐ excellent ☐ very good ☐ good ☐ fair ☐ poor

10. How do you feel about:

A. Your health in general?

B. Your physical condition?

C. Your emotional well-being?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions to let us know a little about you.

1. What is your gender? ☐ Female ☐ Male ☐ Other
2. Are you of Mexican / Hispanic / Latino origin? ☐ Yes ☐ No ☐ Unknown
3. What is your race? (Please check all that apply.)
 - ☐ White / Caucasian ☐ American Indian / Alaskan Native ☐ Unknown
 - ☐ Black / African American ☐ Native Hawaiian / Other Pacific Islander
 - ☐ Asian ☐ Other
4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

		-			-				
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth

Date of Birth (mm-dd-yyyy)

04 - 30 - 1937

2. Fill in the corresponding circles

		-			-				
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Were the services you received provided in the language you prefer? ☐ Yes ☐ No
6. Was written information (e.g. brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ☐ Yes ☐ No
7. What was the primary reason you became involved with this program? (choose one)
 - ☐ I decided to come in on my own.
 - ☐ Someone else recommended that I come in.
 - ☐ I came in against my will.
8. Please identify who helped you complete any part of this survey (choose all that apply):
 - ☐ I did not need any help.
 - ☐ A mental health advocate / volunteer helped me.
 - ☐ Another mental health consumer helped me.
 - ☐ A member of my family helped me.
 - ☐ A professional interviewer helped me.
 - ☐ My clinician / case manager helped me.
 - ☐ A staff member other than my clinician or case manager helped me.
 - ☐ Someone else helped me.

Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration:

1	1	-			-	2	0	0	3
---	---	---	--	--	---	---	---	---	---

County Question #1: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #2: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #3: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

CSI County Client Number

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0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason:

☐ Ref ☐ Imp ☐ Lan ☐ Oth